

CLAIMS ONLY						Application Number <i>10/523399</i>	Filing Date			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendment(s)			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	2	←	←	←			Total Depend	←	←	←
Total Claims	3						Total Claims			